



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
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HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Nabors, Allen Tel: (815) 964-0885
Address 3102 Cunningham Rd. Rockford IL 61102
Emergency Contact Joice Benton Tel: (815) 978-4784
Homemaker Name Safranek, Sarah Tel: (779) 861-2800
Date Assigned 7-6-20
Client Condition Need assistance with ADLS

This Plan of Care has to be followed by the Homecare Aide/Homemaker for the above named Client. The Plan of Care is designed to meet the Client's individual needs. It is mandatory to follow the Plan of Care so the Client can best receive the services the State has assigned for him/her. If you cannot adhere to this Plan of Care for the Client, please call your Supervisor and discuss the matter.

The above named Client is to be seen Days a week on:

Mon Tue Wed Thu Fri Sat Sun

From M/W/F 10-2pm To T/Th 9-12pm 18.00 Hours per week ☐ **Daily Hours**

Start Date of
Services _____

You should provide only the following duties (checked):

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. Eating | <input checked="" type="checkbox"/> 2. Bathing | <input type="checkbox"/> 3. Grooming |
| <input type="checkbox"/> 4. Dressing | <input type="checkbox"/> 5. Transferring | <input type="checkbox"/> 6. Incontinence |
| <input type="checkbox"/> 7. Managing Money | <input type="checkbox"/> 8. Telephoning | <input type="checkbox"/> 9. Preparing Meals |
| <input type="checkbox"/> 10. Laundry | <input type="checkbox"/> 11. Housework | <input type="checkbox"/> 12. Outside Home |
| <input type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input type="checkbox"/> 15. Being Alone |

Supervisor's
Signature _____ Date: _____